



## BULLETIN 2001-1

**DATE:** February 16, 2001  
**TO:** All property and casualty insurance companies  
licensed to do business in Minnesota  
**FROM:** Minnesota Department of Commerce (DOC),  
Policy Analysis Division, Property & Casualty Section  
**RE:** New filing review procedures for PROFESSIONAL  
LIABILITY rate, rule, and form filings

**Reason for bulletin.** The following information is being circulated to clarify company filing requirements. Please refer to DOC BULLETIN 96-3 (October 1, 1996) and DOC BULLETIN 2000-4 (effective September 1, 2000) for basic filing requirements. For exempted commercial lines, please see Minn. Rules 2700.2460-2700.2480 (distributed in DOC BULLETIN 95-2 (January 25, 1995)).

  
JAMES C. BERNSTEIN, Commissioner of Commerce

### ***IMPORTANT CHANGE IN FILING PROCEDURES!***

***EFFECTIVE February 19, 2001***

*Please be advised that the following new filing procedure will apply on an optional basis to Professional Liability filings only.*

The Minnesota Department of Commerce (DOC) will now permit insurance companies to receive immediate approval of those PROFESSIONAL LIABILITY filings that currently must be filed with the Department. This optional procedure represents an agreement between the Department of Commerce and an insurance company, as follows: If an insurance company agrees to make a sworn statement under oath that a particular filing is in complete and full compliance with all relevant Minnesota requirements, the DOC will give immediate approval to that filing without prior review. The specific Departmental procedures detailed on the following pages will be followed in this regard.

**Acknowledgment required.** *An officer of the company must sign and date this page in the space indicated below and return a copy to the Department of Commerce within 15 days of its receipt. You may return the acknowledgment by either mail or FAX. If the company wishes to transmit its acknowledgment by FAX, it should be directed to the Minnesota Department of Commerce, Policy Analysis, Property & Casualty Section at (651) 284-4106.*

**MINNESOTA DEPARTMENT OF COMMERCE  
BULLETIN 2001-1**

*Receipt Acknowledged this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_*

*Company:* \_\_\_\_\_

*Acknowledging Officer's*

*Title:* \_\_\_\_\_

*Officer's*

*Name:* \_\_\_\_\_

*Officer's*

*Signature:* \_\_\_\_\_



## **REVISED MINNESOTA FILING PROCEDURES FOR PROFESSIONAL LIABILITY FILINGS**

⇒ As previously communicated in DOC BULLETIN 2000-4 (effective September 1, 2000), you must attach an official Filing Certification Form to all filings you submit to the Minnesota Department of Commerce (DOC). This form certifies the following:

1. you have consulted all relevant sections of the Department's on-line reference manual prior to submitting your filing, AND
2. your filing is in compliance with ALL of the relevant regulatory requirements.

You must sign the certification and indicate the officer of your company responsible for overseeing your company's compliance with this bulletin. When an identical filing is submitted for more than one company, only one certification form need be submitted on behalf of all companies in a group.

⇒ If you submit a PROFESSIONAL LIABILITY filing as noted above, you may elect to have that filing immediately accepted/approved. (NOTE: This applies only to PROFESSIONAL LIABILITY filings.)

⇒ To have a particular PROFESSIONAL LIABILITY filing immediately approved, you will need to submit a supplemental form entitled *Company Sworn Statement* with the filing. (See attachment for a copy of the form that you must use.) (NOTE: This form is in addition to the Filing Certification Form that you are required to submit with the filing under Minnesota Bulletin 2000-4.)

An officer of your company must sign the Company Sworn Statement, and that signature must be notarized. (NOTE: When an identical filing is submitted for more than one company, only one certification form need be submitted on behalf of all companies in a group.)

⇒ If your certified PROFESSIONAL LIABILITY filing is submitted with a *Company Sworn Statement*, your filing will then be approved immediately or made effective at whatever subsequent date you request. (NOTE: In no case will a filing be approved retroactively (i.e. before the date it has been received at the DOC).) After your filing is received by the Department, it will be placed directly on file in the DOC's general filing repository. Although the Department will not review your filing prior to officially approving or accepting it, the Department does reserve the right to review your filing at any time.

⇒ IF YOUR COMPANY'S PROFESSIONAL LIABILITY FILING IS IMMEDIATELY ACCEPTED/APPROVED WITHOUT REVIEW AND IS SUBSEQUENTLY FOUND TO BE OUT OF COMPLIANCE WITH THE REQUIREMENTS SET FORTH IN THE ON-LINE REFERENCE MANUAL, YOUR COMPANY WILL BE SUBJECT TO ADMINISTRATIVE ACTIONS, INCLUDING FINES, UNDER MINNESOTA STATUTE § 45.027.

⇒ To determine what must be done to bring the provisions of your PROFESSIONAL LIABILITY filing into conformance with all relevant laws, administrative rules, and Departmental procedures, *you* will need to consult the Department's on-line reference manual, which is located on its website<sup>1</sup>. To go directly to the site, use the following address. (Please note that this web address is Case Sensitive--i.e. Capital letters must be used as indicated.)

<http://www.commerce.state.mn.us/Forms/PolicyAnalysis.htm>

⇒ Alternately, you may access the website's home page at the following address: <http://www.commerce.state.mn.us> Then access the on-line manual by clicking as follows on the indicated labels:

- 1) "Click *here*"  
(i.e. label at the bottom of the blue tinted column on the left side of the page.)
- 2) "*License Applications, Instructions, Company Filing Requirements*"  
(i.e. box in lower right hand corner)
- 3) "*Insurance Company Policy Form, Rate, & Rule Filings*"  
(i.e. bullet in second column 7th from the top)

⇒ If you have questions regarding this bulletin, please contact Thomas Baker, Director of Policy Analysis, Property Casualty and Self-Insurance at 651-297-2853 or at [tom.baker@state.mn.us](mailto:tom.baker@state.mn.us)

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<sup>1</sup> You will need Adobe Acrobat software in order to download the manuals. Once the manual files are downloaded, you will be able to print a hard copy of the manuals.

**State of Minnesota  
Department of Commerce**

**COMPANY SWORN STATEMENT OF COMPLIANCE  
PROFESSIONAL LIABILITY FILING(S) ONLY**

(Must be submitted with filing(s) in order for filing(s) to receive immediate acceptance/approval without review pursuant to DOC Bulletin 2001-1.)

Date: \_\_\_\_\_

Company (or Group\*) Name: \_\_\_\_\_

Company (or Group\*) NAIC Number: \_\_\_\_\_

( NOTE: If identical filings are being made on behalf of multiple companies in a group, only one Sworn Statement of Compliance need be submitted for the identical filings, and a single Group name and Group NAIC number may be substituted in the above two blanks.)

Filing ID number: \_\_\_\_\_

I hereby swear under oath that the attached professional liability filing(s) is (are) in full and complete compliance with all Minnesota Requirements as set forth in the on-line reference manual of the Minnesota Department of Commerce (DOC), found at the following website (URL):  
<http://www.commerce.state.mn.us/Forms/PolicyAnalysis.htm>.

In exchange for this assurance, I understand that this filing will receive immediate DOC acceptance/approval without prior review pursuant to DOC Bulletin 2001-1.

If it is subsequently determined that the filing fails to include provisions required by Minnesota law, I agree that those provisions will be imputed to the filing and will be construed with respect to the insured and third parties as though the filing were fully in compliance with Minnesota law.

Similarly, if it is subsequently determined that the filing contains provisions prohibited by Minnesota law, I agree that the prohibited provisions will be considered void and will not be enforceable against insureds or third parties.

I further agree that if this filing is subsequently found to be out of compliance with any the above-noted requirements, my company will be subject to administrative actions, including but not limited to civil penalties under Minnesota Statute §45.027.

Filing Analyst's name: \_\_\_\_\_

Filing Analyst's Signature: \_\_\_\_\_

Responsible Officer's Title: \_\_\_\_\_

Responsible Officer's Name: \_\_\_\_\_

Responsible Officer's Signature: \_\_\_\_\_

(Must be notarized)

Notary Stamp Here